

HEALTH AND SAFETY HAZARD CONCERNS

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Please indicate the level to which you agree or disagree with the following statements.				
a. The health and safety of workers is a major priority with top management at this facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel safe from work-related injury or illness in my current work environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I usually have enough time to take safety precautions while completing my duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel free to express my concerns about health and safety conditions to management.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Proper personal protective equipment is made readily available by my employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I know how to reduce the risk of accidents and incidents in the workplace.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am often required to do a task that makes me feel like I might be at risk of getting hurt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. People working in my department or unit are frequently exposed to dangerous or risky situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Employees have sufficient access to workplace health and safety training programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The safety procedures and practices in this organization are useful and effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Managers and supervisors set proper examples by following safety rules and work practices.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I know how to use safety equipment and standard work procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Work areas are periodically inspected to identify potential health and safety hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
n. Unsafe working conditions are corrected in a reasonable time period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I have received adequate training from my current employer to recognize health and safety hazards in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I have been trained by my current employer in how to recognize and deal with potential incidents of workplace violence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I could talk to my employer if I had a problem with violence or aggression in my workplace.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. My work area is adequately staffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I can report injuries to my manager without worrying about how it will affect my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I can report injuries to my manager without worrying about how it will affect my department's safety record.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I worry about reporting injuries to my manager because I may have to take a drug test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please estimate the level of risk (where "1" is no risk and "5" is high risk) to **you** from the following health and safety hazards specifically as they relate to your **job** or workplace.

	No Risk				High Risk
	1	2	3	4	5
a. Chemical agents in general (e.g., acids, caustics, solvents).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Anesthetic gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hazardous drugs (including antineoplastic agents).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. High level disinfectants (e.g., glutaraldehyde).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sterilants (e.g., ethylene oxide, hydrogen peroxide).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ionizing radiation (e.g., X-rays, gamma rays, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No Risk				High Risk

	1	2	3	4	5
g. Machine safety hazards (e.g., exposed moving parts, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Non-ionizing radiation (e.g., UV, microwaves, radio-frequency, magnetic/electric fields, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Smoke from lasers and electrosurgery devices.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Infectious disease agents (e.g., tuberculosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Blood-borne pathogens (e.g., HIV or hepatitis).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Latex allergens (e.g., from gloves)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Needlesticks and other sharps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Temperature extremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Noise level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Poor indoor air quality (e.g., molds, cigarette smoke, vehicle exhaust, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Workplace stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Repetitive hand, wrist, arm or shoulder motions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Slips, trips, and falls.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Prolonged standing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Lifting/repositioning heavy objects (including patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Violence at work (e.g., assaults, threats, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Acts of bioterrorism at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Other health and safety issues (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify: _____

JOB AND FACILITY DESCRIPTION

3. Which of the following best describes your current occupation? Please ✓ only one.

Health Services

Physicians and Special Practitioners:

- Anesthesiologist
- Chiropractor
- Dietician
- Family or General Practitioner
- General Dentist
- Internist
- Nutritionist
- Obstetrician/Gynecologist
- Optometrist
- Oral or Maxillofacial Surgeon
- Orthodontist
- Pediatrician
- Pharmacist
- Physician Assistant
- Podiatrist
- Prosthodontist
- Psychiatrist
- Psychologist
- Radiologist
- Surgeon
- Other (Specify): _____

Nurses and Nursing Support Staff

- Home Health Aide
- Licensed Practical Nurse
- Nurse Anesthetist
- Nurse Practitioner
- Nurses' Aide
- Orderly/Attendant
- Psychiatric Aide
- Registered Nurse
- Other (Specify): _____

Therapists

- Audiologist
- Occupational Therapist
- Physical Therapist
- Radiation Therapist
- Recreational Therapist
- Respiratory Therapist
- Social Worker
- Speech-Language Pathologist
- Other (Specify): _____

Technologists & Technicians

- Anesthesia Technician
- Cardiovascular Technologist or Technician
- Central Processing Technician
- Dental Assistant
- Dental Hygienist
- Dental Technician
- Dietetic Technician
- Emergency Medical Technician
- Medical and Clinical Laboratory Technician
- Medical and Clinical Laboratory Technologist
- Medical Assistant
- Medical Records and Health Information Technician
- Medical Sonographer
- Nuclear Medical Technologist
- Occupational Health and Safety Specialist
- Optician
- Orthotist
- Paramedic
- Pharmacy Technician
- Prosthetist
- Psychiatric Technician

- Radiologic Technologist or Technician
- Respiratory Therapy Technician
- Surgical Technologist
- Other (Specify): _____

Support Services

Administration:

- Administrator
- Clerical
- Human resources
- Legal
- Security
- Other (Specify): _____

Cleaning, Maintenance and Food Service

- Building Engineer/ Mechanical Systems Technician
- Chef or Head Cook
- Cook
- Dishwasher
- Fast Food/Counter Worker
- First Line Supervisor/ Manager
- First Line Supervisor/ Manager of House-keeping/Janitorial Workers
- Food Preparation Worker
- Housekeeper
- Janitor
- Landscaping/Grounds-keeping Worker
- Pest Control Worker
- Other (Specify): _____

4. How long have you worked in this occupation **over your entire career** (including other facilities)?
- Less than 6 months
 - At least 6 months but less than a year
 - 1-5 years
 - 6-10 years
 - 11-20 years
 - More than 20 years
5. How long have you worked at this facility?
- Less than 6 months
 - At least 6 months but less than a year
 - 1-5 years
 - 6-10 years
 - 11-20 years
 - More than 20 years

Please continue on next page.

6. In which department(s) or specialty area(s) did you spend any substantial amount of time working (i.e., greater than 60 minutes) during the **past week** (i.e., 7 calendar days) at this facility? **Please ✓ all that apply.**


ADMINISTRATIVE:

HEALTHCARE:

<input type="checkbox"/> 1. Administration	<input type="checkbox"/> 10. Adult Primary Care	<input type="checkbox"/> 29. Infusion Therapy	<input type="checkbox"/> 48. Psychiatry
<input type="checkbox"/> 2. Engineering Services	<input type="checkbox"/> 11. Anesthesiology	<input type="checkbox"/> 30. Intensive Care	<input type="checkbox"/> 49. Podiatry
<input type="checkbox"/> 3. Food Service	<input type="checkbox"/> 12. Audiology	<input type="checkbox"/> 31. Laboratory	<input type="checkbox"/> 50. Post Anesthesia Care Unit
<input type="checkbox"/> 4. Housekeeping	<input type="checkbox"/> 13. Cardiology	<input type="checkbox"/> 32. Long-term care Mental Health.	<input type="checkbox"/> 51. Prosthetics
<input type="checkbox"/> 5. Human Resources	<input type="checkbox"/> 14. Central Processing	<input type="checkbox"/> 33. Nephrology	<input type="checkbox"/> 52. Pulmonary
<input type="checkbox"/> 6. Laundry Service	<input type="checkbox"/> 15. Dental Services	<input type="checkbox"/> 34. Neurology	<input type="checkbox"/> 53. Radiology
<input type="checkbox"/> 7. Security	<input type="checkbox"/> 16. Dermatology	<input type="checkbox"/> 35. Nuclear Medicine	<input type="checkbox"/> 54. Research
<input type="checkbox"/> 8. Safety and Health	<input type="checkbox"/> 17. Ear, Nose & Throat	<input type="checkbox"/> 36. Nutrition	<input type="checkbox"/> 55. Respiratory Care
<input type="checkbox"/> 9. Supply/Distribution	<input type="checkbox"/> 18. Emergency	<input type="checkbox"/> 37. Obstetrics/Gynecology	<input type="checkbox"/> 56. Rheumatology
	<input type="checkbox"/> 19. Endocrinology	<input type="checkbox"/> 38. Occupational Medicine	<input type="checkbox"/> 57. Sleep Disorders
	<input type="checkbox"/> 20. Family Practice	<input type="checkbox"/> 39. Oncology/Cancer Care	<input type="checkbox"/> 58. Social Work
	<input type="checkbox"/> 21. Gastroenterology	<input type="checkbox"/> 40. Ophthalmology	<input type="checkbox"/> 59. Spinal Cord Injury
	<input type="checkbox"/> 22. Geriatrics	<input type="checkbox"/> 41. Optometry	<input type="checkbox"/> 60. Substance Abuse Counselor
	<input type="checkbox"/> 23. Hematology	<input type="checkbox"/> 42. Orthopedics/Sports Medicine	<input type="checkbox"/> 61. Surgery
	<input type="checkbox"/> 24. HIV/AIDS Clinic	<input type="checkbox"/> 43. Outpatient/Ambulatory Care	<input type="checkbox"/> 62. Urology
	<input type="checkbox"/> 25. Home Healthcare	<input type="checkbox"/> 44. Pathology	<input type="checkbox"/> 63. Other (Specify): _____
	<input type="checkbox"/> 26. Hospice Care	<input type="checkbox"/> 45. Pediatrics	_____
	<input type="checkbox"/> 27. Immunology	<input type="checkbox"/> 46. Pharmacy	
	<input type="checkbox"/> 28. Infectious Disease	<input type="checkbox"/> 47. Physical Therapy/Rehabilitation	

6A. From the department(s) and specialty area(s) checked above, please write the number (1, 2, 3, etc.) of the department or specialty area in which you spent **most of the time** during the **past 7 calendar days**.

Most time.....

7. Which of the following best describes your **current** employment status?
- Full-time employee of this facility (35 or more hours per week)
 - Part-time employee of this facility (less than 35 hours per week)
 - Per diem employee of this facility
 - Fee for service
 - Work for a professional services agency providing services to this facility
 - Work for a temporary job agency
 - Work for a company contracted by this facility
 - Non-paid worker (e.g. volunteer, student, etc.)
 - Other (Please specify): _____
8. Are you currently employed by this facility on a permanent or temporary basis? (*A temporary basis is employment for a **specific project** or for a **specified period of time.***)
- Permanent basis
 - Temporary basis
9. Do you currently supervise other employees? (*For the purpose of this question, a supervisor is someone who directs others' activities and performs such duties as conducting performance evaluations, approving leave requests, etc.*)
- Yes
 - No 
- Skip to Question 11.**
10. How many people do you directly supervise?
- 1 employee
 - 2-5 employees
 - 6-10 employees
 - 11-25 employees
 - More than 25 employees
11. Do you currently provide direct patient care?
- Yes, less than 50% of the time
 - Yes, 50% of the time or more
 - No

12. Which of the following descriptions comes closest to describing your **current** work shift in the past 7 calendar days? (**Do not include "on call" duties**) Please ✓ **only one.**

- Day only
- Evening/swing only
- Nights only
- A mix of day, evening or night shifts
- Split shift
- Other (Please specify): _____

12b. Does your job include "on call" duties?

- Yes
- No

13. In the past 7 calendar days, how many days did you work at this facility?

Number of days worked
(Please write a number from 0-7)

14. During the past 7 calendar days, how many total hours were you scheduled to work?

Number of total hours scheduled

15. During the past 7 calendar days, how many hours did you actually work?

Number of hours actually worked.....

16. During the past 7 calendar days, were you paid overtime?

- Yes
- No

17. Compared to most weeks, were the past 7 calendar days typical in terms of total hours worked?

- Yes, the past 7 days were typical
- No, I worked more hours in the past 7 days
- No, I worked fewer hours in the past 7 days

18. Were you ever "on call" whether or not you were actually called during the past 7 calendar days?

- Yes
- No

Skip to Question 20.

19. How many days were you "on call" during the past 7 calendar days?

Number of days "on call"
(Please write a number from 1-7)

20. How many hours in the past 7 calendar days did you work on any **other** paid job? (*Do not include hours worked at this facility*)

Number of hours
 Did not have another paid job

JOB DEMANDS

21. Now we would like to know more about your current job in this health care facility. Please tell us your general level of agreement with each of the following statements as they describe your current job.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. My job requires that I learn new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My job involves a lot of repetitive work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My job requires me to be creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My job requires a high level of skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I get to do a variety of different things on my job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have an opportunity to develop my own special abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My job allows me to make a lot of decisions on my own.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. On my job, I have very little freedom to decide how I do my work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have a lot of say about what happens on my job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My job requires working very fast.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My job requires working very hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I am not asked to do an excessive amount of work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I have enough time to get the job done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Some demands I face at work are in conflict with other demands at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. My job requires a great deal of concentration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. My supervisor is concerned about the welfare of those under his or her supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My supervisor pays attention to what I am saying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. My supervisor is helpful in getting the job done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. My supervisor is successful in getting people to work together.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. People I work with are competent in doing their jobs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly Disagree	Disagree	Agree	Strongly Agree
	u. People I work with take a personal interest in me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	v. People I work with are friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	w. People I work with are helpful in getting the job done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	I have a lot of say about...	Strongly Disagree	Disagree	Agree	Strongly Agree
	a. Whether or not I work overtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Whether I work day, afternoon, or evening shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Whether or not I work weekends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. At what time of the day I take a break.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. When I take leave or vacation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Please indicate the level to which you agree or disagree with the following statements.	Strongly Disagree	Disagree	Agree	Strongly Agree
	a. Over the past few years my job has become more and more demanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. I experience adequate support in difficult situations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. I am treated unfairly at work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. I have good opportunities for promotion, increase in income, or professional development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. I have experienced or I expect to experience an undesirable change in my work situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. My job security is good.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. My current occupational position adequately reflects my education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Considering all my efforts and achievements, I receive the respect that I deserve at work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Considering all my efforts and achievements, my salary/income is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | 24. Please indicate the level to which you agree or disagree with the following statements. | | Strongly
Disagree | Disagree | Agree | Strongly
Agree |
|---|--|--|--------------------------|--------------------------|--------------------------|
| a. | After work I come home too tired to do some of the things I'd like to do..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | On the job, I have so much work to do that it takes away from my personal interests..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | My family and/or friends dislike how often I am preoccupied with my work while I am at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | My work takes up time that I'd like to spend with family/friends..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | How do your skills and training compare with the tasks you are asked to perform on your job? | <input type="checkbox"/> I am asked to do more than I am trained for
<input type="checkbox"/> My tasks are a good match for my skills and training
<input type="checkbox"/> My skills and training are more than I can use in my job | | | |
| 26. | How much stress would you say you experienced at work the past 7 calendar days? | <input type="checkbox"/> Almost no stress at all
<input type="checkbox"/> A moderate amount of stress
<input type="checkbox"/> A lot of stress | | | |
| 27. | How likely is it that you will make a genuine effort to find a new job (with another employer) within the next year? | <input type="checkbox"/> Not at all likely
<input type="checkbox"/> Somewhat likely
<input type="checkbox"/> Very likely | | | |
| 28. | If a good friend of yours said that he or she was interested in working in a job like yours for your same employer what would you say? | <input type="checkbox"/> I would recommend this job
<input type="checkbox"/> I would have doubts about recommending this job
<input type="checkbox"/> I would advise my friend against taking this job | | | |

SAFE NEEDLE DEVICES, NEEDLESTICK INJURIES AND UNIVERSAL PRECAUTIONS

29. Do you use or handle syringes, scalpels, or other sharp instruments which may puncture your skin when performing your job at this facility?
- Yes
 No → **Skip to Question 37.**
30. Do you perform injections, IV insertions, or phlebotomy in performing your job at this facility?
- Yes
 No → **Skip to Question 34.**
31. When performing injections, IV insertions, or phlebotomy, do you ever use safe needle devices?
- Yes
 No → **Skip to Question 33.**
32. How often do you use safe needle devices when performing injections, IV insertions, or phlebotomy? **Please ✓ only one.**
- Occasionally
 Frequently
 Usually
 Always → **Skip to Question 34.**
33. What are the reasons you do not always use safe needle devices? **Please ✓ all that apply.**
- Potential for exposure to hazards is insignificant
 Exposure is possible but the health hazard is insignificant
 Not required by employer
 Not provided by employer
 Too time consuming
 Too awkward or difficult to use
 Too uncomfortable
 Not readily accepted by patients
 Not readily or always available in work area
 Device not commercially available
 Other (Please specify): _____

34. Over the past 12 months, how many needlestick or other sharps-related injuries (i.e., punctured your skin with a **non-sterile needle** device or sharp) did you **receive** while working at this facility?

- 0
- 1
- 2
- 3
- 4
- 5
- More than 5



Skip Question 37.

35. Over the past 12 months, how many needlestick or other sharps-related injuries (i.e., punctured your skin with a **non-sterile needle** device or sharp) did you **report** to your employer at this facility (i.e., to employee health, your supervisor, or someone else in authority at work)?

- All
- Some, but not all
- None




Skip to Question 37.

36. For your most recent needlestick injury that you **did not** report, please select the reasons which best describe why you did not file a report? **Please** ✓ **all that apply.**

- 1. I did not think the injury was significant enough to report
- 2. I thought the needle was sterile
- 3. I was too busy and did not have time to report the injury
- 4. I was concerned about being blamed for unsafe work practices
- 5. There was no one to cover my job while I went to report the injury
- 6. There are no procedures at work for reporting needlestick injuries
- 7. Other (Please specify): _____

36A. From the all the reasons checked above, please write the **number** (1, 2, 3, etc.) corresponding to the one most important reason you did not report your most recent needlestick injury.

Most important reason

37. In your job at this facility, do you handle bed pans, sheets, clothing or other materials that are visibly soiled with blood, urine, feces, or vomit?
- Yes
 No
-  **Skip to Question 42.**
38. Have you been formally trained at this facility to follow **universal precautions** when handling bed pans, sheets, clothing or other materials that are visibly soiled with blood, urine, feces, or vomit?
- Yes
 No
39. During the past 7 calendar days, what was the total number of times you handled bed pans, sheets, clothing or other materials visibly soiled with blood, urine, feces, or vomit?
- 1 time
 2-5 times
 6-10 times
 11-20 times
 21-50 times
 More than 50 times
40. How does the number of times you handled bed pans, sheets, clothing or other materials visibly soiled with blood, urine, feces, or vomit during the past 7 calendar days compare with most weeks?
- Past 7 days were about normal
 Past 7 days were less than normal
 Past 7 days were greater than normal
41. During the past 7 calendar days, did you **always** wear the following personal protective equipment while handling bed pans, sheets, clothing, or other materials that may be soiled with blood, urine, feces, or vomit:
- a. water-resistant protective gown or garment?
- Yes
 No
- b. water-resistant protective gloves?
- Yes
 No

VIOLENCE IN THE WORKPLACE

The next few questions describe events which may occur from many sources at work, including **patients, family members, visitors, coworkers** or **supervisors**. For each item please indicate how often you have experienced the events **at work** during **the past year**.


In the past 12 months, how many times...	Never	1 time	2-3 times	4 or more times
42. Have you been hit, kicked, grabbed, shoved, bitten, or had an object thrown at you while you've been at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Have you witnessed another person being hit, kicked, grabbed, shoved, bitten, or having an object thrown at them while you've been at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Have you been threatened with physical violence or with a weapon (like a gun, knife, club, sharp object) while you've been at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Have you been shouted at, sworn at, called names, or verbally confronted while you've been at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have you been fearful that someone in your current workplace would physically harm you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have you reported an incident of violence to your employer at this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on next page.

PHYSICAL DEMANDS/ERGONOMIC ISSUES

48. Please tell us your general level of agreement with the following statements:	Strongly Disagree	Disagree	Agree	Strongly Agree
a. My job requires lots of physical effort.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am often required to move or lift very heavy loads (objects or people) on my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My work requires rapid and continuous physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am often required to work for long periods with my body in physically awkward positions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am often required to work for long periods with my head or arms in physically awkward positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am often required to repeatedly reach above chest height.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My work requires repeated and strenuous pushing, pulling, or bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am often required to squat or kneel to do my job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am often required to bend or twist my wrists to do my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am often required to use a lot of force with my fingers to do my job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I am often required to make repeated precision movements with my fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I am often required to work continuously for long periods at a computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. During the past 7 calendar days, how many times did you lift or move **patients** weighing 50 lbs or more?

<input type="checkbox"/> 0		Skip to Question 51.
<input type="checkbox"/> 1-5 times		
<input type="checkbox"/> 6-10 times		
<input type="checkbox"/> 11-20 times		
<input type="checkbox"/> 21-50 times		
<input type="checkbox"/> More than 50 times		

50. In the past 7 calendar days, how often did you use any of the following when lifting or transferring **patients** weighing 50 lbs or more? (Check "Not Available" to indicate that the specified device or team was not available at your work facility.)

	Never	Rarely	About half the time	Most of the time	All of the time	Not Available
a. Lift or move by hand (unassisted).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Mechanical lifting devices (e.g., ceiling lifts, Arjo™ lift, Hoyer™ lift).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Slip or friction reduction sheets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gait belts (also called transfer belts).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Back belts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Lifting assistance from one or more co-workers (including designated lift teams).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Roller or slider boards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other assistive device (Please specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify: _____						

51. During the past 7 calendar days, how many times did you lift or move **objects**, other than patients, weighing 50 lbs or more?

- 0
- 1-5 times
- 6-10 times
- 11-20 times
- 21-50 times
- More than 50 times

Skip to Question 53.

52. In the past 7 calendar days, how often did you use any of the following when lifting or moving **objects**, other than patients, weighing 50 lbs or more? (Check "Not Available" to indicate that the specified device or team was not available at your work facility.)

	Never	Occasionally	Frequently	Usually	Always	Not Available
a. Lift or move by hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mechanical lifting devices (e.g., winch, dolly, forklift, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Roller or slider boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Back belts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lifting assistance from one or more co-workers....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Any other assistive device (Please specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify: _____

53. Has your employer evaluated your job or workstation for ergonomic hazards in the past year?

Yes

No

Don't know

Please continue on next page.

PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING

54. Which of the following personal protective devices or equipment are you **required by your employer to wear** on your job? Please ✓ all that apply.

- None
- Respirators (does not include surgical mask)
- Surgical mask
- Eye protection (e.g., safety glasses, goggles, etc.)
- Face protection (e.g., face shield, welding helmets, etc.)
- Foot protection (e.g., steel toed shoes, chemical resistant boots, etc.)
- Shoe covers/booties
- Protective clothing which is reusable (e.g., aprons, X-ray gowns, lab coats, scrubs, etc.)
- Protective clothing which is disposable (e.g., isolation gowns, coveralls, etc.)
- Ear protection (ear plugs or muffs)
- Hand protection (e.g., gloves, hand pads, barrier creams, etc.)
- Knee protectors
- Back belts or lumbar support
- Other (Please specify): _____

Please continue on next page.

55. On which of the following personal protective devices has your employer provided training to you in the proper selection, use, care, maintenance and replacement? **Please** ✓ **all that apply.**
- None
 - Respirators (does not include surgical mask)
 - Surgical mask
 - Eye protection (e.g., safety glasses, goggles, etc.)
 - Face protection (e.g., face shield, welding helmets, etc.)
 - Foot protection (e.g., steel toed shoes, chemical resistant boots, etc.)
 - Shoe covers/booties
 - Protective clothing which is reusable (e.g., aprons, X-Ray gowns, lab coats, scrubs, etc.)
 - Protective clothing which is disposable (e.g., isolation gowns, coveralls, etc.)
 - Ear protection (ear plugs or muffs)
 - Hand protection (e.g., gloves, hand pads, barrier creams, etc.)
 - Knee protectors
 - Back belts or lumbar support
 - Other (Please specify): _____
56. Have you been formally fit-tested by an occupational health and safety specialist for the respirator you wear on your present job?
- Yes, I have been fit-tested
 - No, I wear a respirator on my present job but I have not been fit-tested
 - Not Applicable, I do not wear a respirator that requires fit-testing on my present job (e.g., PAPR or surgical mask).
57. During the past 7 calendar days, did you wear natural rubber latex gloves while at work? **Please** ✓ **all that apply.**
- Yes, powder-free
 - Yes, powdered
 - Yes, don't know if powdered or powder-free
 - No

MEDICAL EVALUATION

58. Within the past year, have you received a medical evaluation from this employer (such an evaluation may include a medical questionnaire, physical examination, blood tests, and/or urine test)?

Yes

No



Skip to Question 61.

59. Were the following medical tests or exams included as a part of the medical evaluation provided by this employer?

- a. Standardized medical questionnaire
- b. Physical exam
- c. Blood test
- d. Urine test.....

Yes

No

60. Have the results of all tests included in your medical evaluation been provided to you by this employer?

Yes

No

DEMOGRAPHICS

Now we would like to ask you some questions about yourself.

61. Are you male or female? Male
 Female
62. Which of the following categories describes your race? **Please** ✓ **all that apply.** White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaskan Native
 Other (Please specify): _____
63. Do you consider yourself Latino or of Hispanic origin or descent? Yes, I am Latino/Hispanic/Spanish
 No, not Latino/Hispanic/Spanish
64. In what year were you born? Year you were born.....19
65. Were you born in this country (USA)? Yes, born in USA → **Skip to Question 67.**
 No, not born in USA
66. In what year did you first come to the USA? Year you first came to USA.....

67. What was your first language as a child?

- English
- Chinese
- Japanese
- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese
- Another language (Please specify): _____

68. What language do you speak most at home now?






- English
- Chinese
- Japanese
- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese
- Another language (Please specify): _____






69. What is the highest education level you have completed?

- Less than grade 12
- Grade 12 (high school grad) or GED
- Vocational certificate
- Associate's degree
- College graduate (Baccalaureate degree)
- Master's degree
- Doctoral or professional degree (MD, DDS, PhD, etc.)

Please continue on next page.

In the following section, we ask a few questions regarding specific tasks you might perform **on your current job**. Your answers to these questions will determine whether additional modules of the survey apply to you.

70. In your **current** job, do you administer ribavirin (Virazole), pentamidine (Nebupent) or tobramycin (Nebcin, "tobi") in an aerosolized form? Yes No  Module A
71. In your **current** job, do you prepare or mix antineoplastic agents in a pharmacy or pharmacy-like setting? (Other terms used for antineoplastic agents include chemo-therapeutic drugs, cytotoxic drugs and anticancer drugs.) Yes No  Module B
72. In your **current** job, do you administer antineoplastic agents to patients? (Other terms used for antineoplastic agents include chemo-therapeutic drugs, cytotoxic drugs and anticancer drugs.) Yes No  Module C
73. In your **current** job, do you use ethylene oxide or hydrogen peroxide plasma to chemically sterilize medical devices, instruments, or supplies? Yes No  Module D
74. In your **current** job, do you use high level disinfectants containing
- **glutaraldehyde** (e.g., Cidex[®], ColdSport[®], Endocide[®], Glutacide[®], Hospex[®], Metricide[®], Sporicidin[®], Wavicide[®]);
 - **ortho-phthalaldehyde** (e.g., Cidex OPA[®]);
 - **peracetic acid** (e.g., Steris[®] system) or;
 - **hydrogen peroxide** (e.g., Accell[®], Optim[®])
- to disinfect medical instruments, devices or supplies (such as endoscopes, thermometers or other items which cannot be sterilized) by either manual or automatic methods? (This does not include the cleaning of countertops or other surfaces) Yes No  Module E

75. In your **current** job, do you work in areas while lasers or electrosurgical devices are being used for surgical procedures? Yes No  Module F
76. In your **current** job, do you **administer** anesthetics as a gas? Yes No  Module G
77. In your **current** job, do you work in areas while anesthetic gases are being administered by others? Yes No  Module H
78. In your **current** job, do you work with patients in a Post Anesthesia Care Unit (PACU) or a primary Surgical Recovery Unit (SRU) [i.e., areas where anesthetized patients recover immediately following surgery]? Yes No  Module I
79. In your **current** job, are your primary duties housekeeping, cleaning or spill response? Yes No  Module J

Thank you for your time.
Please continue to the appropriate hazard module, if applicable.